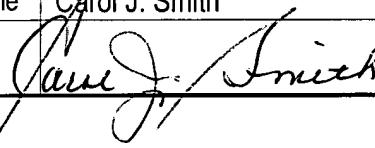


TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/007,339
		Filing Date	10/26/2001
		First Named Inventor	Petr Peterka
		Group Art Unit	2132
		Examiner Name	Perungavoor, V.
Total Number of Pages in this Submission		Attorney Docket Number	D2570

ENCLOSURES			(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing Replacement Sheet <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts	<input type="checkbox"/>
			<input type="checkbox"/>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Benjamin D. Driscoll		Registration No. 41,571
Signature			
Date	June 16, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	Carol J. Smith		
Signature			Date
			June 16, 2005

Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL

For FY 2005

JUN 20 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 200)

		Complete if Known	
Application Number		10/007,339	
Filing Date		10/26/2001	
First Named Inventor		Petr Peterka	
Examiner Name		Perungavoor, V.	
Group Art Unit		D2570	
Attorney Docket No.		D2570-06	

TOTAL AMOUNT OF PAYMENT	(\$ 200)	Attorney Docket No.	D2570-06
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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

		SEARCH FEES		EXAMINATION FEES		
APPLICATION TYPE	FEE (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
<input type="text"/> - 20 or HP =	<input type="text"/> x <input type="text"/> =	<input type="text"/>	<input type="text"/>	<input type="text"/> Fee (\$)

HP=highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
<input type="text"/> - 3 or HP =	<input type="text"/> 1 x <input type="text"/> =	<input type="text"/> 200	<input type="text"/>	<input type="text"/> Fee (\$)

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	/50 =	Number of each additional 50 or fraction thereof (round up to a whole number)	Fee (\$)	Fee Paid (\$)
<input type="text"/> - 100 =	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Fee Paid (\$)

4. OTHER FEE(S)

: _____

Complete (if applicable)

SUBMITTED BY				
Name (Print/Type)	Benjamin D. Driscoll	Registration No.	41,571	Telephone 215-323-1840
Signature		Date	June 16, 2005	